



MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

Verification of Contribution to a Certified Missouri Incubator Small Business Incubator Tax Credit Program, Section 620.495, RSMo

To receive a tax credit under the Small Business Incubator Program, the taxpayers who contribute to a certified Missouri incubator, must complete this form for each contribution and send to the department for review along with documentation satisfactory to the department.

1. CONTRIBUTOR	Tax Year Beginning / /		Tax Year Ending / /			
	Name of Individual/Entity			Federal Tax I.D. No.		
	Address (Street, P.O. Box)			MITS/Missouri Tax I.D. No.		
	City		State	Zip Code	Social Security No.	
	Telephone No. () - -		Facsimile No. () - -		E-mail Address	
	Business entity for tax purposes: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other Note: If a taxpayer is a Corporation, Partnership, S-Corporation or Other, identify the names, social security numbers, and proportioned share of ownership of each beneficiary, partner, or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.					
	Name		Social Security No.		% Ownership	
					%	
					%	
					%	
2. CONTACT PERSON	First Name				Middle Name	Last Name
	Address (Street, P.O. Box)					
	City		State	Zip Code		
	Telephone No. () - -		Facsimile No. () - -		E-mail Address	
3. CONTRIBUTION	Contribution was made in (check one):					
	<input type="checkbox"/> Cash		<input type="checkbox"/> Non-cash			
	Amount \$ _____		Date ____ / ____ / ____			
Note: For cash contributions, provide a cancelled check, bank statement, or wire transfer. For non-cash contributions, please refer to the policy guidelines of the Small Business Incubator Program, "Eligible Contributions."						

4. CERTIFICATION	<ul style="list-style-type: none"> • I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein. • I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien. • I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding. • I attest that I have read and understand the Small Business Incubator Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099). • I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program. • I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief. 																											
5. SIGNATURE	<table border="1" style="width: 100%;"> <tr> <td data-bbox="167 594 500 709" style="width: 25%;">Must be signed in the presence of a notary</td> <td colspan="2" data-bbox="500 594 1169 709">Contributor's signature ▶</td> <td data-bbox="1169 594 1550 709">Date ▶ / /</td> </tr> <tr> <td data-bbox="167 709 500 1213" rowspan="3">Notary Embosser Seal</td> <td data-bbox="500 709 836 829">State</td> <td data-bbox="836 709 1169 829">County</td> <td data-bbox="1169 709 1550 829">My commission expires / /</td> </tr> <tr> <td colspan="3" data-bbox="500 829 1550 1024">On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.</td> </tr> <tr> <td data-bbox="500 1024 1026 1213">Notary public signature</td> <td colspan="2" data-bbox="1026 1024 1550 1213">Notary Rubber Stamp</td> </tr> </table>				Must be signed in the presence of a notary	Contributor's signature ▶		Date ▶ / /	Notary Embosser Seal	State	County	My commission expires / /	On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.			Notary public signature	Notary Rubber Stamp											
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Return to: Department of Economic Development, Division of Business Development and Trade, Business Finance, 301 West High Street, Room 720, P.O. Box 118, Jefferson City, MO 65102																												